



WASHINGTON STATE DEPARTMENT OF  
**Natural Resources**

Jennifer M. Belcher - Commissioner of Public Lands  
Kaleen Cottingham - Supervisor

**COUNTY OR MUNICIPALITY  
APPROVAL FOR  
SURFACE MINING  
(Form SM-6)**

|  |      |  |     |         |                              |                             |
|--|------|--|-----|---------|------------------------------|-----------------------------|
| NAME OF COMPANY OR INDIVIDUAL APPLICANT(S)<br>Same as name of reclamation permit holder. (Type or Print in ink.)     |      | TOTAL ACREAGE OF PERMIT AREA<br>(Include all acreage to be disturbed by mining, setbacks and buffers, and associated activities during the life of the mine.)<br><br>_____ acres |     |         |                              |                             |
|  |      | COUNTY _____<br>No attachments will be accepted. Legal description of permit area:   |     |         |                              |                             |
| MAILING ADDRESS  |      | 1/4  | 1/4 | Section | Township                     | Range                       |
|  |      |  |     |         |                              |                             |
|  |      |  |     |         |                              |                             |
|  |      |  |     |         |                              |                             |
|  |      |  |     |         |                              |                             |
|  |      |  |     |         |                              |                             |
| Telephone  |      |  |     |         |                              |                             |
| Proposed subsequent use of site upon completion of reclamation   |      |  |     |         |                              |                             |
| Signature of company representative or individual applicant(s)   |      | Name and title of company representative (Please print)  |     |         | Date signed                  |                             |
|  |      |  |     |         |                              |                             |
| <b>TO BE COMPLETED BY THE APPROPRIATE COUNTY OR MUNICIPALITY:</b>  |      |  |     |         |                              |                             |
| Please answer the following questions 'Yes' or 'No'.   |      |  |     |         |                              |                             |
| 1. Has the proposed surface mine been approved under local zoning and land-use regulations?                          |      |  |     |         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Is the proposed subsequent use of the land after reclamation consistent with the local land-use plan/designation? |      |  |     |         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| When complete, return this form to the appropriate Department of Natural Resources regional office.                  |      |  |     |         |                              |                             |
| Name of planning director or administrative official (Please print)  |      | Address  |     |         |                              |                             |
| Signature  |      |  |     |         |                              |                             |
| Title (Please print)   |      |  |     |         |                              |                             |
| Telephone  | Date | <b>FOR DEPARTMENT USE ONLY:</b>  |     |         | DNR Reclamation Permit No.   |                             |